THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application No. 09/713,695) For:	Reduc	od and Apparatus for Eing Transmission Power in a Data Rate System
Stein Lundby)		
Examiner: Duc Chi Ho	Ć		RECEIVED
Filed: November 15, 2000) Oroup No.	2665	NOV 1 2 2004
			Technology Center 2600
<u>RESPONSE</u>	TO OFFICE A	<u>CTION</u>	
Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
Dear Commissioner:			
In response to the Office Action da	ted August 3, 20	04 pleas	e amend the above-identified
application as indicated below.			

CERTIFICATE OF MAIL			CFR 1.8(a))
I hereby certify that this correspondence is, on the d	ate shown below, be		
MAILING	_		ACSIMILE
deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for		itted by nark Office	facsimile to the Patent and
Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	Depositor's		(type or print name)
Depositor's Name: Sheryl Schoen (type or print name)	Date:	_	
Date: November 3, 2004	Siamatu		
Signature: <u>Bhuyl Schow</u>	Signature: ₋		

Attorney Docket No.: 000469

Customer No.: 23696



AMENDMENT TRANSMITTAL FORM

Stop Amendment ommissioner for Patents

Box 1450

22313-14

Alexandria, VA 22313-1450

Customer No.: 23696 Attorney Docket No.: 00046 REIN Re Application of: Stein Lundby

Serial Number: 09/713,695

NOV 1 2 2004

Filed: November 15, 2000

Examiner: Duc Chi Ho **Group Art Unit: 2665**

Technology Center 2600

Dear Sir:

Transmitted berewith for filing is a Response to Office Action in the above identified application

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	40	41	0	x \$18 =	\$0.00
Independent**	3	4	0	x \$88 =	\$0.00
Multiple Depend	dent Claim(s):	Yes 🛛 No		\$300	\$0.00
		□ Oi	ne Month	\$110	\$0.00
EXTENSION FEES		T	wo Months	\$430	\$0.00
	•	☐ Tì	ree Months	\$980	\$0.00
TERMINAL DISCLAIMER				\$110	\$0.00
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.			TOTAL FEE	\$0.00	
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